

**United States Bankruptcy Court
Northern District of California**

In re **Angelo P Accornero
Lori E Accornero**

Debtor(s)

Case No.
Chapter

7

STATEMENT RE PAYMENT ADVICES

- ☒ Attached are copies of all payment advices or other evidence of payment that I/we received from my/our employer(s) within the 60 days before the filing of this bankruptcy case. I/we have blocked out all but the last four digits of my/our social security number(s) wherever they appear on the attached copies.
- ☐ I/We received no payment advices or other evidence of payment from my/our employer(s) within the 60 days before the filing of this bankruptcy case.

I/we declare under penalty of perjury that the above statement is true and correct to the best of my/our knowledge, information, and belief.

Date **September 23, 2010**

Signature **/s/ Angelo P Accornero**
Angelo P Accornero
Debtor

Date **September 23, 2010**

Signature **/s/ Lori E Accornero**
Lori E Accornero
Joint Debtor

Date **September 23, 2010**

Signature **/s/ Daniel B. Beck**
Daniel B. Beck 63865
Attorney

CITY OF PETALUMA

Emp No: 1543

Name: ACCORNERO, ANGELO

Federal allow/mar/add: 2 M 0.00	Pay period start 8/9/2010	Gross pay 6,242.26
State allow/mar/add: 2 M 0.00	Pay period end 8/22/2010	Net pay 4,274.75
Check # 17049	Issue date 8/27/2010	YTD Gross earnings 85,947.70
		Taxable calendar YTD earnings 78,795.49

EARNINGS				DEDUCTIONS		
Description	Hours	Rate	Amount	Description	Amount	Year-to-date
Regular Pay	80.00	38.4000	3,072.00	Medicare	89.59	1,238.83
Overtime	44.50	64.2996	2,861.33	Federal Tax	1,017.54	10,968.88
Advance Cert 7%	0.00	0.0000	215.04	CA State Tax	382.07	3,896.24
Longevity Pay	0.00	0.0000	153.60	PERS	304.28	5,740.37
Uniform	0.00	0.0000	46.08	Survivor	0.93	16.74
Longevity Pay Furlough Rec	0.00	0.0000	-4.72	Kaiser	63.98	511.84
Advance Cert 7% Furlough	0.00	0.0000	-6.61	Hartford 457	50.00	900.00
Furlough Time Charged	2.46	-38.4000	-94.46	Pre-Paid Legal	7.36	132.48
				Pol Dues-Sworn	51.76	931.68
				DIR. DEPOSIT	250.00	0.00
				DIR. DEPOSIT	4,024.75	0.00
				Total	6,242.26	24,337.06

LEAVE					BENEFITS		
Description	Previous	Earned	Taken	Balance	Description	Amount	Year-to-date
Furlough Charged	24.62	0.00	2.46	22.16	Medicare	89.59	1,238.83
Furlough Taken	0.00	0.00	0.00	0.00	PERS	925.23	17,801.24
Vacation	141.08	7.69	0.00	148.77	Dental	120.75	919.50
Sick Leave	168.11	3.69	0.00	171.80	Pemcha	105.00	840.00
Float Hol	10.00	0.00	0.00	10.00	Vision	10.00	110.00
Comp Time	12.38	0.00	0.00	12.38	Kaiser	1,215.68	9,725.44

DIRECT DEPOSIT		
Account	Routing #	Amount
S *****6837	321177586	250.00
C *****2392	321177586	4,024.75

LTD Sworn Pol	19.50	156.00
EAP	6.50	52.00
UI	33.71	531.77
PRB	32.75	596.74
Total	2,568.01	32,045.92

Comments:

PLEASE DETACH BEFORE DEPOSITING



CITY OF PETALUMA
11 ENGLISH ST
PETALUMA, CA 94952

Payable through
EXCHANGE BANK

Check # 17049

9999-01
999

Dept	Emp #	Date
4000	1543	8/27/2010

Amount
*****0.00

Pay exactly ***** VOID ***** VOID ***** VOID *****

Check Sort 4000

Pay
to the
order
of

ANGELO P ACCORNERO
5960 YERBA BUENA RD
SANTA ROSA, CA 95409

Void Void

NOT NEGOTIABLE - NOTICE OF DEPOSIT

CITY OF PETALUMA

Emp No: 1543

Name: ACCORNERO, ANGELO

Federal allow/mar/add: 2 M 0.00	Pay period start 7/26/2010	Gross pay 4,216.83
State allow/mar/add: 2 M 0.00	Pay period end 8/8/2010	Net pay 3,061.24
Check # 16709	Issue date 8/13/2010	YTD Gross earnings 79,705.44
		Taxable calendar YTD earnings 72,971.49

EARNINGS				DEDUCTIONS		
Description	Hours	Rate	Amount	Description	Amount	Year-to-date
Regular Pay	40.00	38.4000	1,536.00	Medicare	61.14	1,149.24
Furlough Taken	32.00	38.4000	1,228.80	Federal Tax	504.10	9,951.34
Overtime	13.00	64.2996	835.90	CA State Tax	176.02	3,514.17
Vacation	8.00	38.4000	307.20	PERS	304.28	5,436.09
Advance Cert 7%	0.00	0.0000	215.04	Survivor	0.93	15.81
Longevity Pay	0.00	0.0000	153.60	Kaiser	0.00	447.86
Uniform	0.00	0.0000	46.08	Hartford 457	50.00	850.00
Longevity Pay Furlough Ret	0.00	0.0000	-4.72	Pre-Paid Legal	7.36	125.12
Advance Cert 7% Furlough	0.00	0.0000	-6.61	Pol Dues-Sworn	51.76	879.92
Furlough Time Charged	2.46	-38.4000	-94.46	DIR. DEPOSIT	250.00	0.00
				DIR. DEPOSIT	2,811.24	0.00
				Total	4,216.83	22,369.55

LEAVE					BENEFITS		
Description	Previous	Earned	Taken	Balance	Description	Amount	Year-to-date
Furlough Charged	27.08	0.00	2.46	24.62	Medicare	61.14	1,149.24
Furlough Taken	32.00	0.00	32.00	0.00	PERS	925.23	16,876.01
Vacation	141.39	7.69	8.00	141.08	Dental	0.00	798.75
Sick Leave	164.42	3.69	0.00	168.11	Pemcha	0.00	735.00
Float Hol	10.00	0.00	0.00	10.00	Vision	0.00	100.00
Comp Time	12.38	0.00	0.00	12.38	Kaiser	0.00	8,509.76

DIRECT DEPOSIT		
Account	Routing #	Amount
S ****6837	321177586	250.00
C ****2392	321177586	2,811.24

Description	Amount	Year-to-date
Medicare	61.14	1,149.24
PERS	925.23	16,876.01
Dental	0.00	798.75
Pemcha	0.00	735.00
Vision	0.00	100.00
Kaiser	0.00	8,509.76
Life Ins	0.00	65.10
LTD Sworn Pol	0.00	136.50
EAP	0.00	45.50
UI	27.41	498.06
PRB	32.75	563.99
Total	1,046.53	29,477.91

Comments:

PLEASE DETACH BEFORE DEPOSITING



CITY OF PETALUMA
11 ENGLISH ST
PETALUMA, CA 94952

Payable through
EXCHANGE BANK

Check # 16709

9999-01
999

Dept	Emp #	Date
4000	1543	8/13/2010

Amount
*****0.00

Pay exactly ***** VOID ***** VOID ***** VOID ***** VOID *****

Check Sort 4000

Pay to the order of
ANGELO P ACCORNERO
5960 YERBA BUENA RD
SANTA ROSA, CA 95409

Void Void

NOT NEGOTIABLE - NOTICE OF DEPOSIT



Benefit Services Division
P.O. Box 2796
Sacramento, CA 95812-2796
(888) CalPERS (or 888-225-7377)
TDD - (916) 795-3240; FAX (916) 795-1280

Refer to: [REDACTED]-1223

August 12, 2008

Lori Accornero
5960 Yerba Buena Rd
Santa Rosa, CA 95409

Dear Lori Accornero:

In connection with your application for disability retirement your employer has found you to be incapacitated for the performance of your duties as a Police Officer. Your incapacity is industrial.

Subject to regular requirements of law, your date of retirement, the day following the date your employer gives as your last day on payroll, will be August 5, 2008. You will receive further information regarding your allowance under separate cover.

You will receive a PERS-BSD-11 Roll Letter prior to receiving your first disability warrant. You should receive your first disability warrant within 4 to 6 weeks of your approval date or retirement date, whichever is later.

If, at any time before the mailing of your first warrant, you wish to receive a refund of your accumulated contributions instead of a retirement allowance, you may do so by notifying CalPERS in writing at the above address. Membership in the retirement system terminates upon mailing of a warrant refunding contributions (Government Code Section 20340).

If you consider employment in the future, you may be required to report all earned income on a monthly basis. If the earnings from future employment exceed the maximum compensation currently earnable in the position held at the time of industrial disability retirement, that pension portion of your retirement allowance will be reduced (Government Code section 21228). You must contact CalPERS for approval prior to accepting employment which is permanent or exceeds 960 hours per year. Failure to get prior approval could result in reinstatement to that position, termination of your retirement allowance, and possible administrative penalties. For more information, you should request the publications, Employment After Retirement and Reinstatement From Retirement, available on our Web site, www.calpers.ca.gov.

You should contact your employer if you have any insurance coverage with them that you wish to continue into retirement.

Sincerely,



Stacey L. Olsen
Senior Benefit Program Specialist
Disability Retirement Section

cc: City of Petaluma



STATE OF CALIFORNIA

DIRECT DEPOSIT NUMBER
P0629139

DIRECT DEPOSIT ADVICE

The amount printed on the face of this advice was transmitted to an account at bank 321177586 from the PUBLIC EMPLOYEES' RETIREMENT SYSTEM

09 | 01 | 2010

LORI E ACCORNERO
5960 YERBA BUENA RD
SANTA ROSA CA 95409

DOLLARS	CENTS
\$****3115	07

NOT NEGOTIABLE

XXXXX1223
001248771

PAYEE IDENTIFICATION
NUMBER(S)

When changing accounts or financial institutions, notify your retirement system or agency accounting office immediately. Do not close your old account until you have received your first payment in your new account.



JOHN CHIANG
CALIFORNIA STATE CONTROLLER

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

P O BOX 942716

SACRAMENTO, CA 94229-2716

(888) CalPERS (225-7377)

FOR DEAF-TDD (916) 795-3240

TO L ACCORNERO

SSN XXX-XX-1223

ID# XXX-XX-1223:00/01

ISSUE DATE 09/01/2010

GROSS		DEDUCTIONS		NET	
3373.07		258.00		3115.07	
-----		-----		-----	
ITEMIZED GROSS		ITEMIZED DEDUCTIONS			
MONTHLY BENEFIT	3373.07	RECOVER OVERPAYMENT	258.00		

CALPERS HEALTH PROGRAM MEMBERS ONLY - THE 2010 OPEN ENROLLMENT PERIOD IS SEPT 13 - OCT 08. HEALTH PLAN CHANGES DURING OPEN ENROLLMENT WILL BECOME EFFECTIVE JANUARY 1, 2011. YOU CAN CHANGE YOUR HEALTH PLAN ONLINE AT [HTTP://MY.CALPERS.CA.GOV](http://my.calpers.ca.gov) OR BY CALLING 888 CALPERS (OR 888-225-7377).

Case: 10-13676 Doc# 8 Filed: 09/23/10 Entered: 09/23/10 14:18:07 Page 6 of 8

ROLL CONTROL NO 1506 J1248771 03



STATE OF CALIFORNIA

DIRECT DEPOSIT NUMBER
P0164687

DIRECT DEPOSIT ADVICE

The amount printed on the face of this advice was transmitted to an account at bank 321177586 from the PUBLIC EMPLOYEES' RETIREMENT SYSTEM

07 | 30 | 2010 *August*

LORI E ACCORNERO
5960 YERBA BUENA RD
SANTA ROSA CA 95409

DOLLARS	CENTS
\$****3115	07

NOT NEGOTIABLE

XXXXX1223
000717603

PAYEE IDENTIFICATION
NUMBER(S)

When changing accounts or financial institutions, notify your retirement system or agency accounting office immediately. Do not close your old account until you have received your first payment in your new account.



JOHN CHIANG
CALIFORNIA STATE CONTROLLER

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

P O BOX 942716

SACRAMENTO, CA 94229-2716

(888) CalPERS (225-7377)

FOR DEAF-TDD (916) 795-3240

TO L ACCORNERO

SSN XXX-XX-1223

ID# XXX-XX-1223:00/01

ISSUE DATE 08/01/2010

GROSS	DEDUCTIONS	NET
3373.07	258.00	3115.07

ITEMIZED GROSS	ITEMIZED DEDUCTIONS
MONTHLY BENEFIT 3373.07	RECOVER OVERPAYMENT 258.00

TOTAL GROSS 3373.07
*ONE-TIME ADJUSTMENT

TOTAL DEDUCTIONS 258.00
*ONE-TIME DEDUCTION

*I get this back
November 2010*

CALPERS AUTOMATED TELEPHONE SYSTEM IS AVAILABLE 24 HRS A DAY.
CALL TOLL FREE 888 CALPERS (OR 888-225-7377) TO ORDER FORMS,
PUBLICATIONS, OR TO RECEIVE GENERAL INFORMATION. TO SPEAK WITH
A SERVICE REPRESENTATIVE CALL M-F, 8AM-5PM. VISIT OUR WEB SITE
WWW.CALPERS.CA.GOV FOR INFORMATION OR SELF-SERVICE FEATURES.

Case: 10-13676 Doc# 8 Filed: 09/23/10 Entered: 09/23/10 14:18:07 Page 7 of 8

ROLL CONTROL NO 1499 J0717603 03

CITY OF PETALUMA

Emp No: 1543

Name: ACCORNERO, ANGELO

Federal allow/mar/add: 2 M 0.00	Pay period start 8/23/2010	Gross pay 4,777.73
State allow/mar/add: 2 M 0.00	Pay period end 9/5/2010	Net pay 3,404.35
Check # 17372	Issue date 9/10/2010	YTD Gross earnings 90,725.43
		Taxable calendar YTD earnings 83,218.94

EARNINGS				DEDUCTIONS		
Description	Hours	Rate	Amount	Description	Amount	Year-to-date
Regular Pay	70.00	38.4000	2,688.00	Medicare	69.28	1,308.11
Overtime	24.25	57.6000	1,396.80	Federal Tax	654.83	11,623.71
Vacation	10.00	38.4000	384.00	CA State Tax	234.94	4,131.18
Advance Cert 7%	0.00	0.0000	215.04	PERS	304.28	6,044.65
Longevity Pay	0.00	0.0000	153.60	Survivor	0.93	17.67
Uniform	0.00	0.0000	46.08	Kaiser	0.00	511.84
Longevity Pay Furlough Ret	0.00	0.0000	-4.72	Hartford 457	50.00	950.00
Advance Cert 7% Furlough	0.00	0.0000	-6.61	Pre-Paid Legal	7.36	139.84
Furlough Time Charged	2.46	-38.4000	-94.46	Pol Dues-Sworn	51.76	983.44
				DIR. DEPOSIT	250.00	0.00
				DIR. DEPOSIT	3,154.35	0.00
				Total	4,777.73	25,710.44

LEAVE					BENEFITS		
Description	Previous	Earned	Taken	Balance	Description	Amount	Year-to-date
Furlough Charged	22.16	0.00	2.46	19.70	Medicare	69.28	1,308.11
Furlough Taken	0.00	0.00	0.00	0.00	PERS	925.23	18,726.47
Vacation	148.77	7.69	10.00	146.46	Dental	0.00	919.50
Sick Leave	171.80	3.69	0.00	175.49	Pemcha	0.00	840.00
Float Hol	10.00	0.00	0.00	10.00	Vision	0.00	110.00
Comp Time	12.38	0.00	0.00	12.38	Kaiser	0.00	9,725.44

DIRECT DEPOSIT			BENEFITS		
Account	Routing #	Amount	Description	Amount	Year-to-date
S ****6837	321177586	250.00	Life Ins	0.00	74.40
C ****2392	321177586	3,154.35	LTD Sworn Pol	0.00	156.00
			EAP	0.00	52.00
			UI	25.80	557.57
			PRB	32.75	629.49
			Total	1,053.06	33,098.98

Comments:

PLEASE DETACH BEFORE DEPOSITING



CITY OF PETALUMA
11 ENGLISH ST
PETALUMA, CA 94952

Payable through
EXCHANGE BANK

Check # 17372

9999-01
999

Dept	Emp #	Date
4000	1543	9/10/2010

Amount
*****0.00

Pay exactly ***** VOID ***** VOID ***** VOID ***** VOID *****

Check Sort 4000

Pay
to the
order
of

ANGELO P ACCORNERO
5960 YERBA BUENA RD
SANTA ROSA, CA 95409

Void Void

NOT NEGOTIABLE - NOTICE OF DEPOSIT